

Jan: 12. 1829

Dr. Love

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Published March 9. 1829

Inaugural Dissertation,
on
Enteritis

For

The degree of Doctor of Medicine.

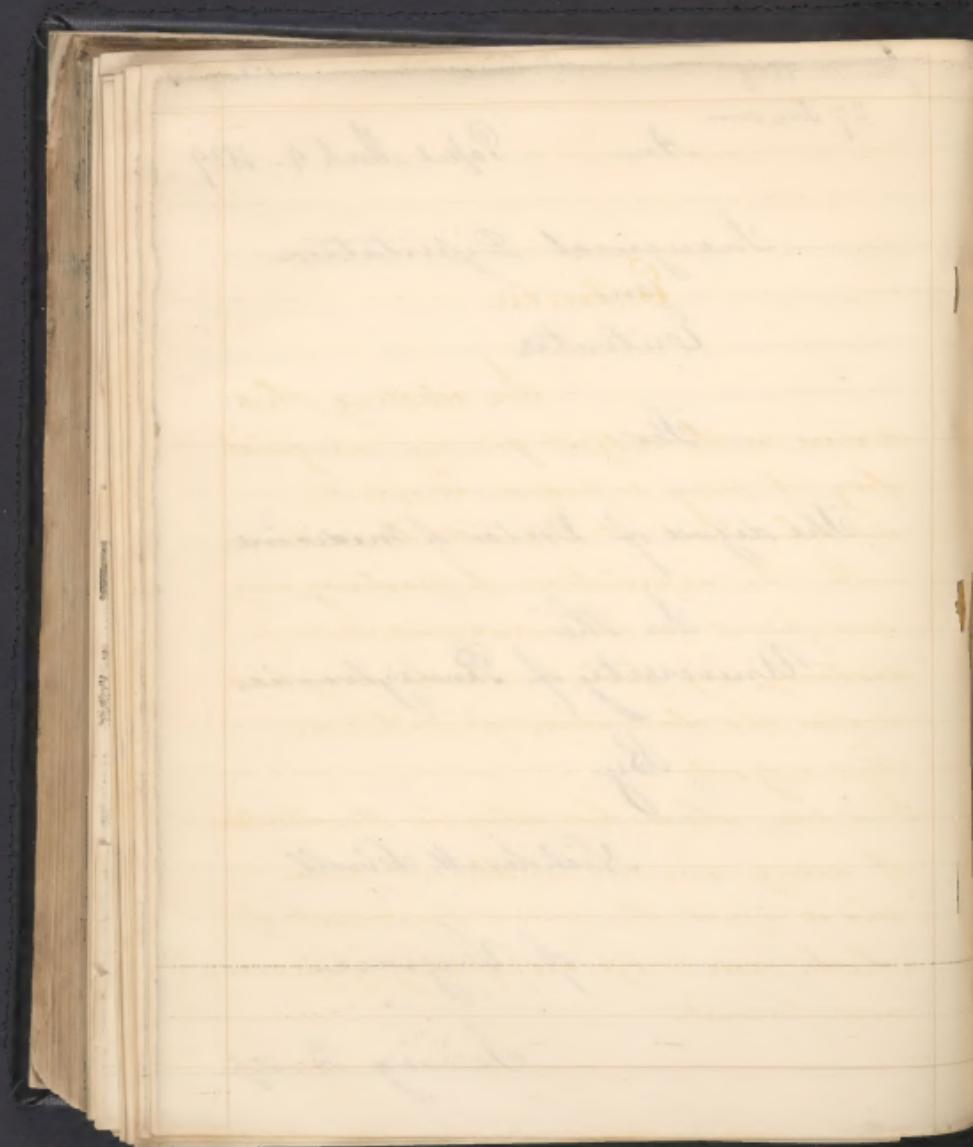
In the
University of Pennsylvania.

By

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of Virginia

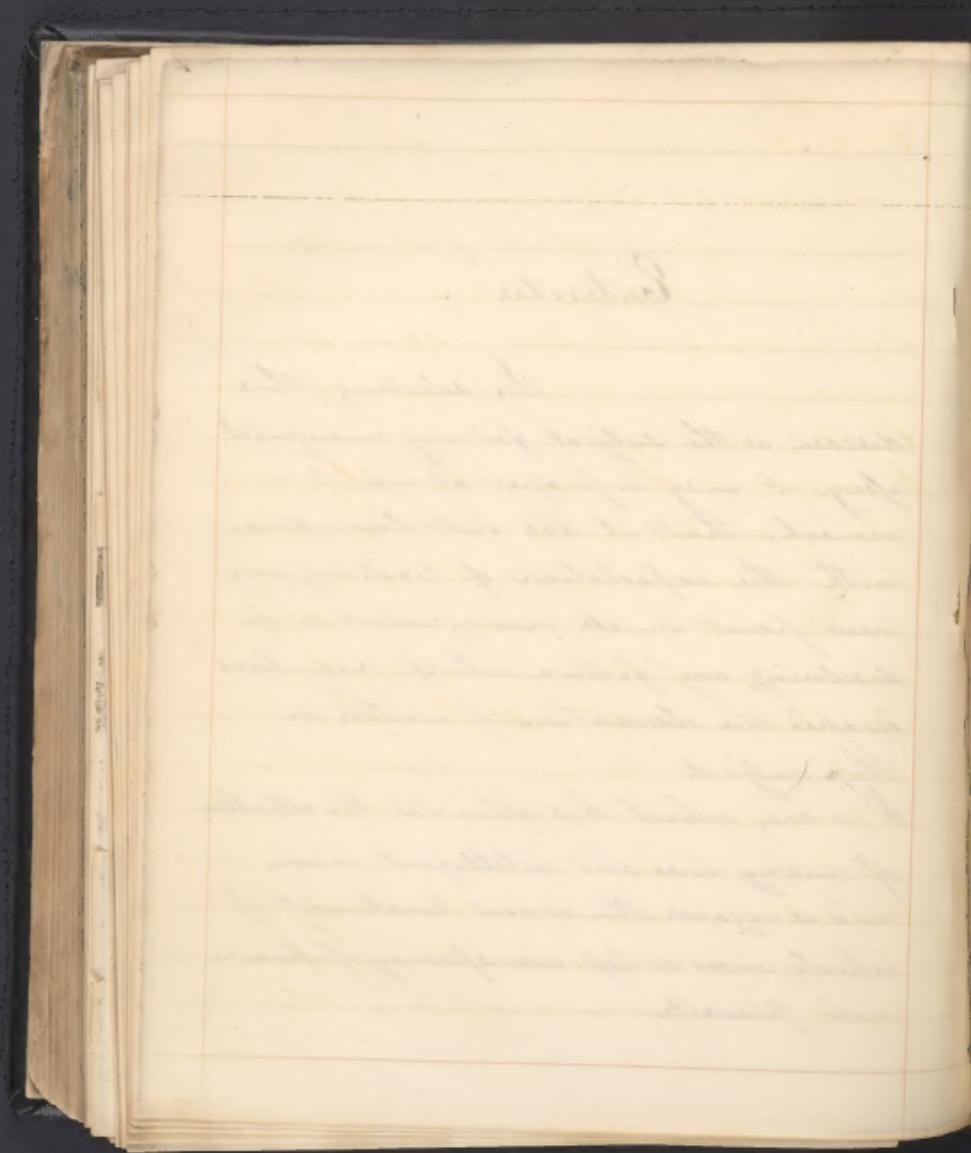
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Enteritis.

In selecting this disease, as the subject for my inaugural essay, it may be proper at once to remark, that it has not been done, with the expectation of teaching any new point in its management, or of disclosing any feature, which may have escaped the observation of writers on this subject.

It is one, which has attracted the attention of many wise and intelligent men, and as regards the correct treatment of which, more or less discrepancy of opinion now prevails.

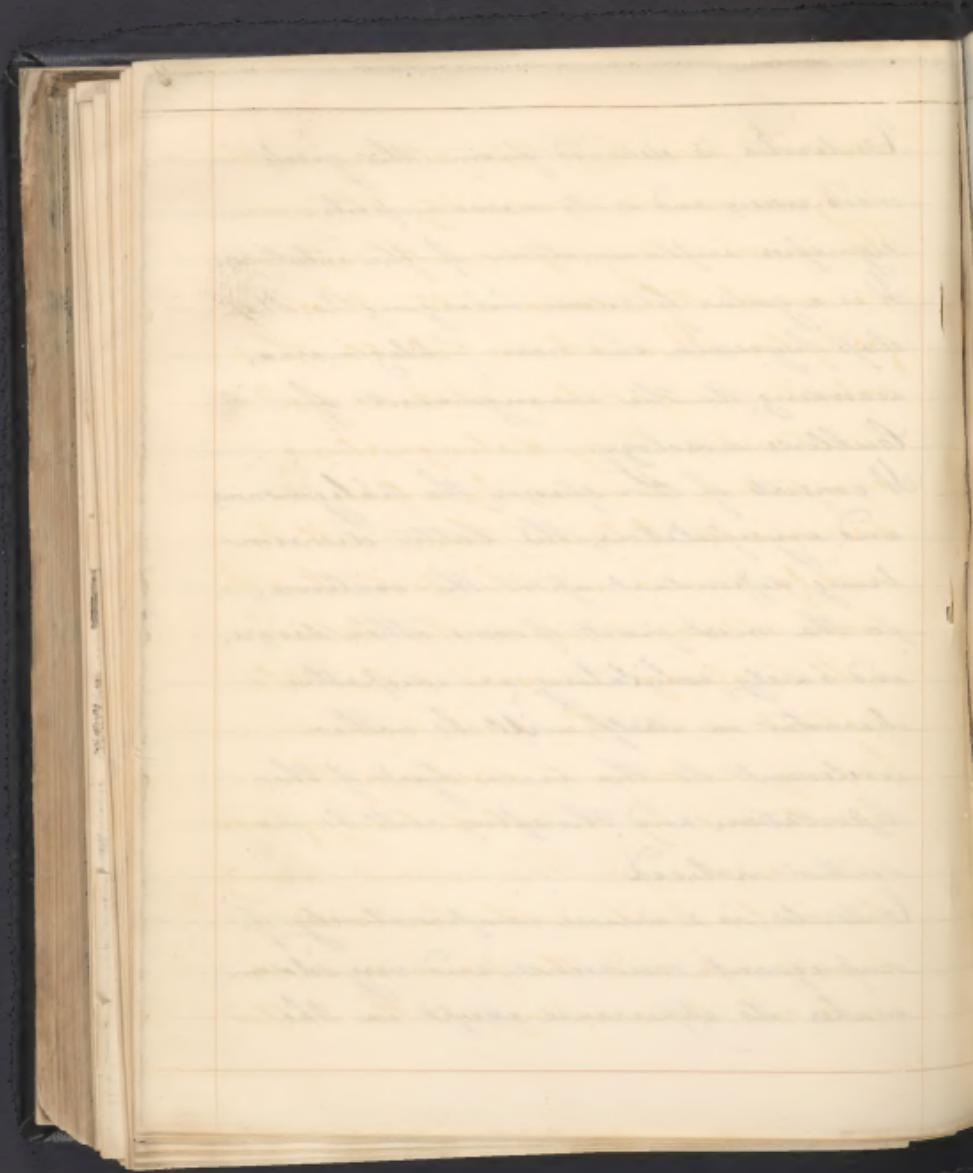


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Enteritis is derived from the greek word *enteros* and as its name imports, signifies inflammation of the intestines. It is a genus of disease belonging to the class *pyrexia*, and order *phlegmaria*, according to the arrangement of Cullen's nosology.

It consists of two species, the phlegmonous and *erysipelatus*, - the latter division being dependant upon the existence, for the most part of some other disease, and rarely exhibiting an idiopathic character in itself, will be rather irrelevant to the main object of this dissertation, and therefore will be no further noticed.

Enteritis, is a disease comparatively of infrequent occurrence, and very seldom makes its appearance except in the



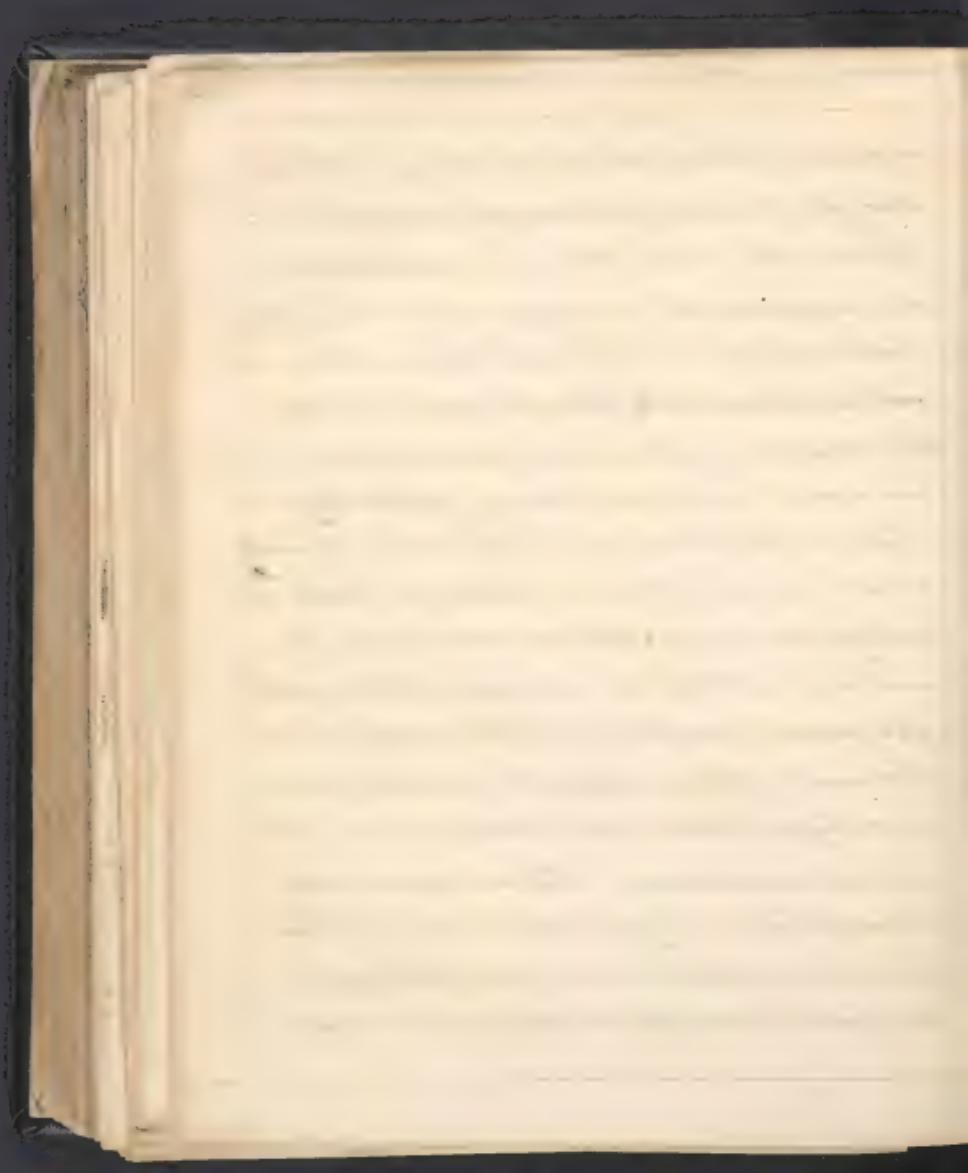
advanced period of life, although this is by no means invariably the case. The causes and symptoms of enteritis are much the same with those of gastritis. It is not improbable that enteritis might be mistaken for peritonitis. Very distinguishing symptoms, however, by which to discriminate between them, will be readily found in the facts, that the pain attendant upon the latter, will be always increased when the patient is in the erect position, having no desire to discharge the bowels, and by no relief being afforded when discharged. The patient generally lies on his back, with his knees drawn up, and the pain is more acute and lancinating in the latter

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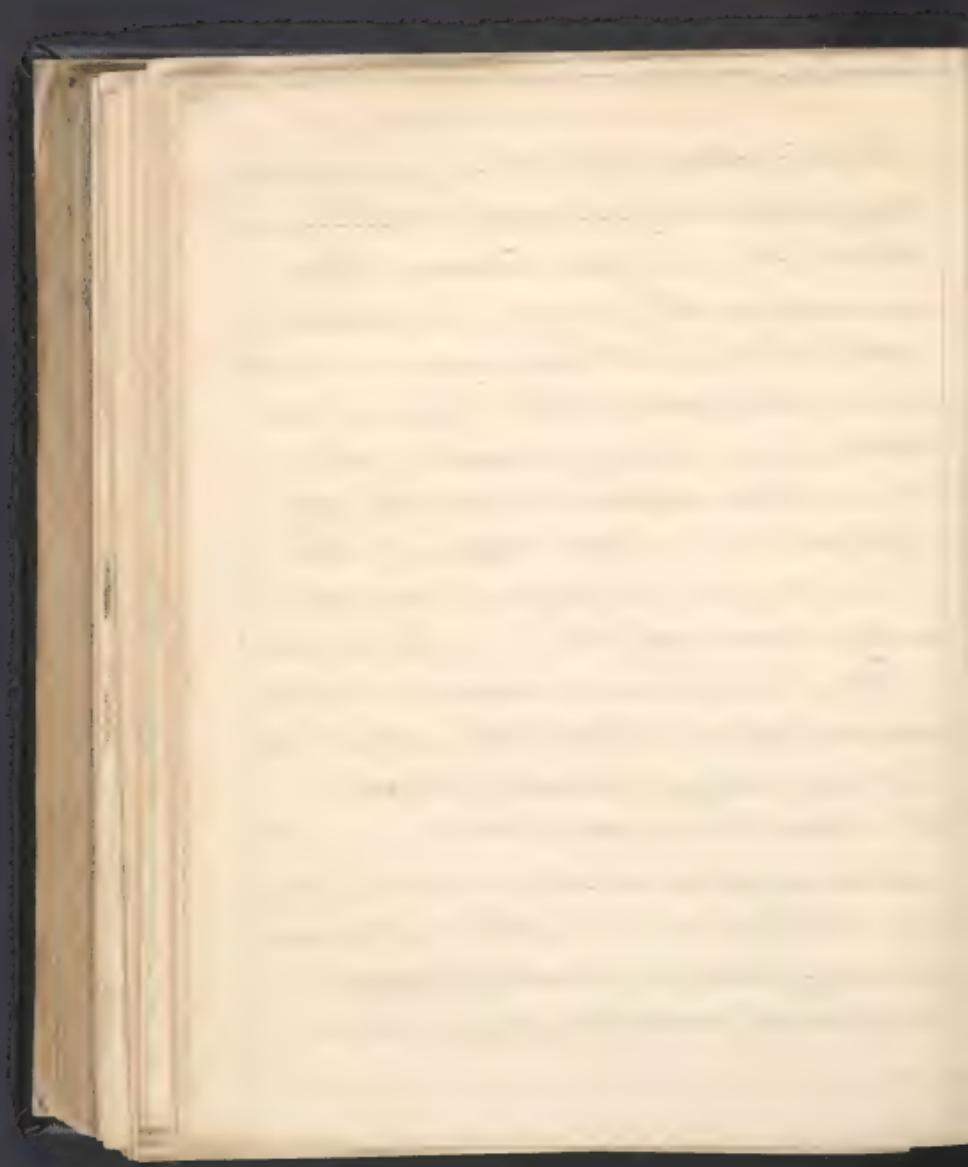
disease. The disease which approximates most nearly to enteritis, in the sensations produced, is colic. But it may be readily distinguished from colic, inasmuch as enteritis is attended with fever, a quick, hard, and tense pulse, and until relief is procured, a dry, husky, unpleasant condition of the surface, the pain, furthermore, in enteritis is increased upon pressure, which is not the case in colics and finally, the pain of colic very generally commences in the stomach, whereas in enteritis it is almost always in the central part of the abdomen.

The causes of this disease are much the same as those producing gastritis, being occasioned by acrid substances,

ingesta, indurated feces, long continued
and obstinate costiveness, spasms of
the bowels, acrid bile, inter-suspiratio, a
strangulation of any part of the inter-
tinal canal, and cold applied to the
extremities, or to the abdomen itself.
This disease makes its appearance with
an acute pain extending generally over
the whole abdomen, but more especially
acute around the umbilicus, which is
increased by pressure, accompanied
with eructations, sickness of stomach,
frequent vomiting of bilious matter,
obstinate costiveness, thirst, heat, great
anxiety, a quick, hard, tense pulse, and
an intumescence of the abdomen con-
minicating a tympanic sound when
struck, together with distorted and
distressed expression of countenance.



After a short time, these symptoms are followed by a second set. The pain, for instance, becomes much more severe, the bowels are attacked with spasms, and seem drawn together in knots, the whole region of the abdomen is more painful to the touch than before, invincible constipation now manifest itself, and the urine is voided with pain, and difficulty. Occasionally there are copious involuntary evacuations of mucus gradually escaping from the bowels, without the patient being conscious of the fact at the time. This mucous secretion is not unlike malt in a state of fermentation. This form of inflammation continuing, thus to proceed, finally terminates by resolution, suppuration,



ulceration, sechirus, or gangrene.

Inflammation of the intestines, may at all times, be regarded as a disease characterized by the greatest possible share of danger; and there is none which during the existence of its more aggravated symptoms, harasses the patient to a greater degree. The danger of enteritis may be calculated by the fact, that it very frequently terminates in gangrene in the course of a few hours from its commencement. This lamentable state of things may immediately be known, from the circumstance, that there is now a sudden cessation of pain, and resumption of all that poignant anguish of which the sufferer has been lately heard to complain.



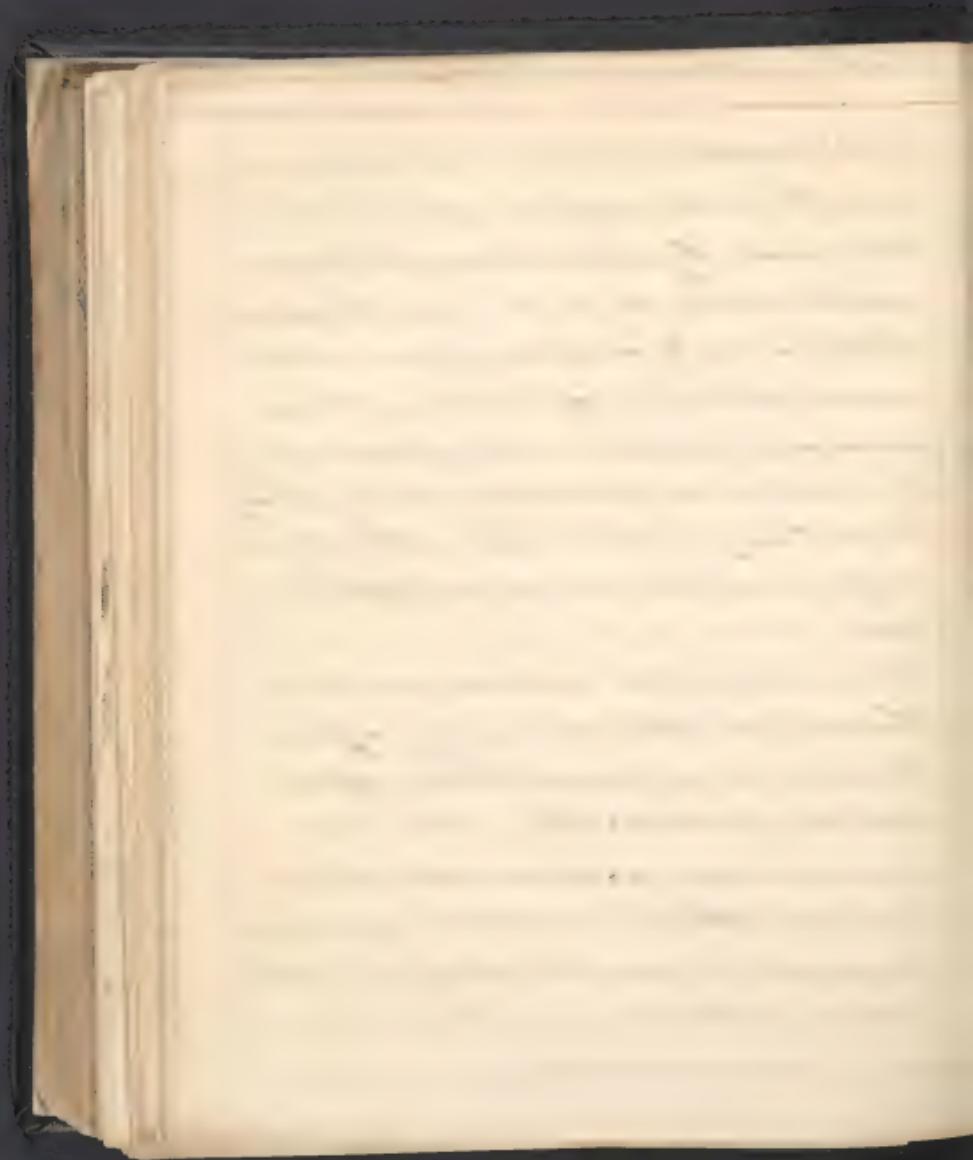
There is also a shrunken countenance and collapse of the features, syncope, cold sweats, irregularity of the pulse, singultus, scanty or suppressed urine. The distention of the abdomen and its sound when struck are now increased. This disease frequently proves fatal, however, during the inflammatory stage.

Its termination by resolution, may be looked for, when the pains abate gradually, and the stools become of a natural appearance, and consistence. There should be also an universal diaphoresis attended with a firm and equal pulse, or if there should be a copious discharge of loaded urine, these indications may truly be esteemed as additional considerations by which



to be directed to a favourable prognosis. It will rarely be found to terminate by ulceration, but when ever this should be the case, the fact will be easily detected by an statement of all the febrile symptoms, occasional pains in the tract of the intestines, but above all, by bloody stools being intermixed with the purpura, and a discharge of fetid gas.

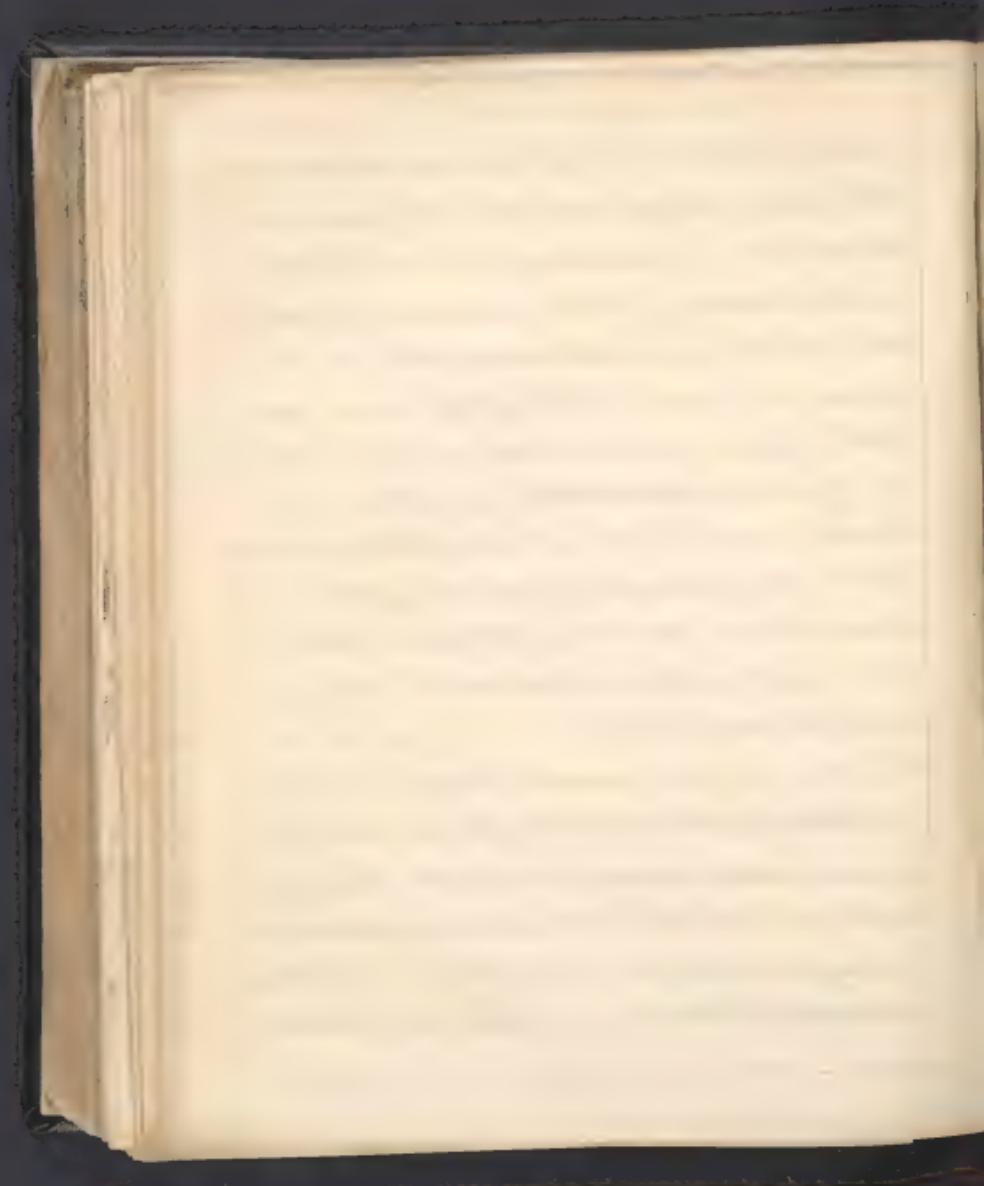
From the light which has been thrown on this disease by descriptions, it is apparent that inflammation pervades the intestinal tube to a very considerable extent. In many cases the intestines are in a gangrenous or ulcerated state, and the caliber of the diseased intestines is



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greatly lessened. Dissections also evince the fact, that, besides obstinate obstructions, inter-susceptio, constrictions and twisting are occasionally seen, and that in most cases, the peritoneum is more or less affected, and is perceived at times to be covered with a layer of coagulable lymph. It will now, at once be admitted, *a priori*, from this group of appalling symptoms, that a practice of the boldest and most active kind will imperiously be demanded.

The treatment must be commenced by taking, blood freely from the arm as far as the strength of the patient will allow. The disease, however occurring, as has been before said, in persons generally advanced in life, and of con-



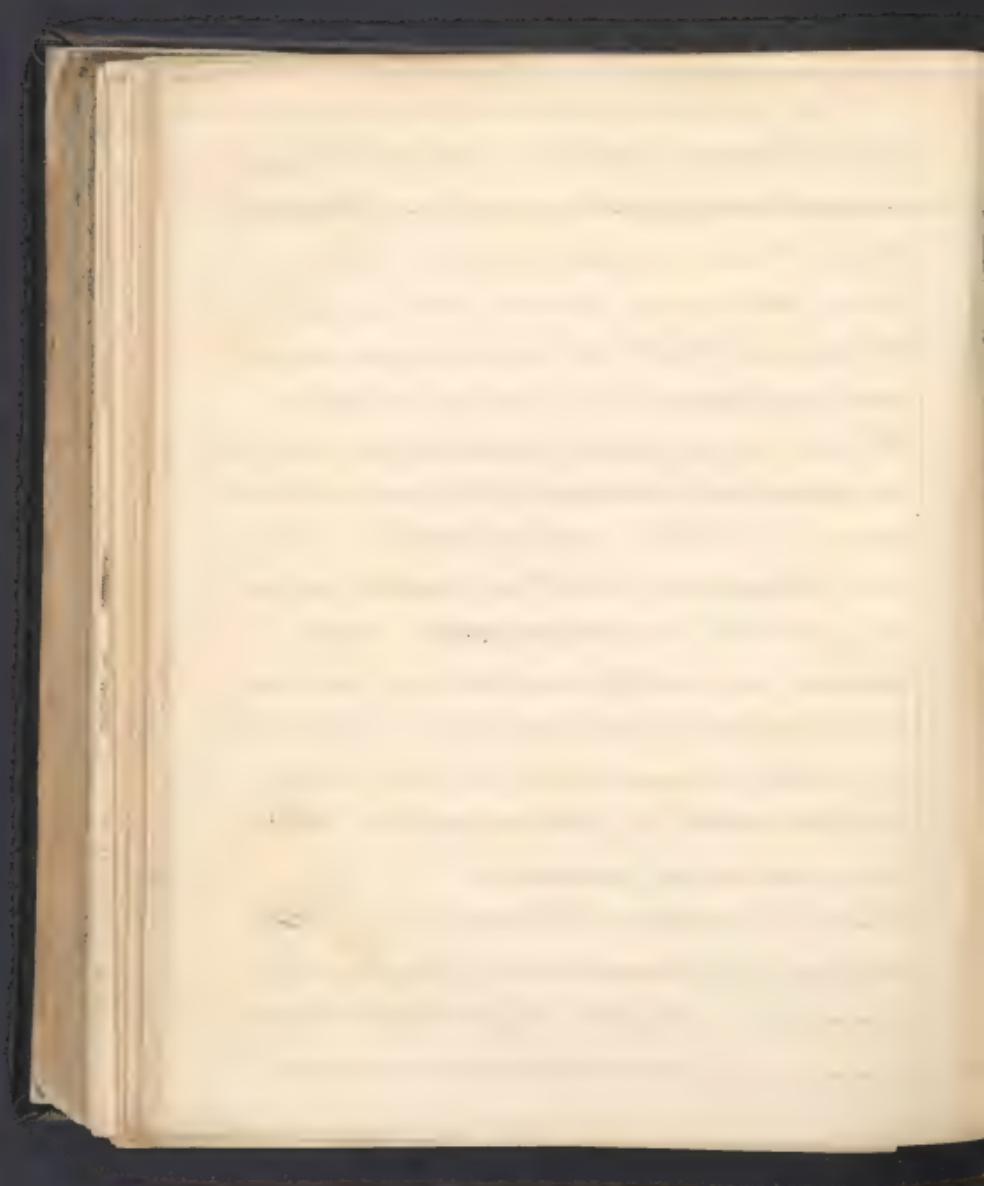
stitution somewhat impaired, it becomes more necessary to limit the general bleedings, and rely in a great measure on the effects of topical depletion by cups, or leeches, which last will always be preferred. They should be applied in large numbers on various parts of the abdomen, more particularly over the situation of the pain. Another efficient agent in affording to the patient a respite from pain, will be found in the use of the warm bath. Or where the bath cannot be conveniently pursued, warm fomentations may be used with advantage. When the symptoms are improved by the treatment thus recommended, we will do well to apply a blister of considerable extent over the abdomen,



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for the fact is known to all observant practitioners, that a large blister is not more annoying to the patient, than one of smaller dimensions, and that it is more prompt and efficient in its operations. It is a duty of the first importance to clear the bowels. This should be done by mild articles taken into the stomach, such as castor oil, or any of the neutral salts, manna, senna and salts will form an excellent cathartie, the griping tendency of the senna will be materially counteracted by the addition of manna or liquorice.

These purgatives, however, let it be distinctly understood, should be given in small and repeated doses,

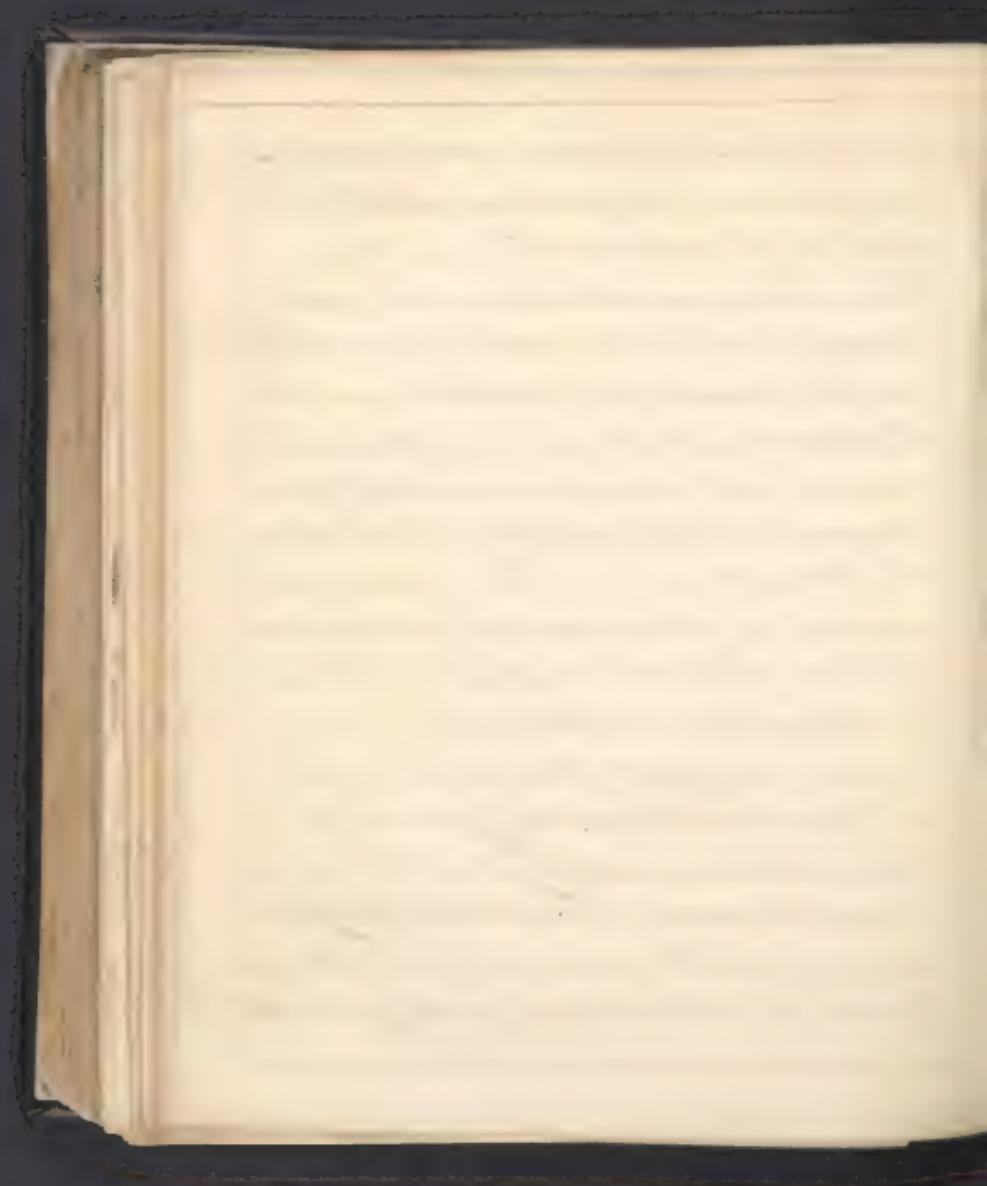


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for otherwise the stomach may become irritable, and thus form another link to the diseased chain.

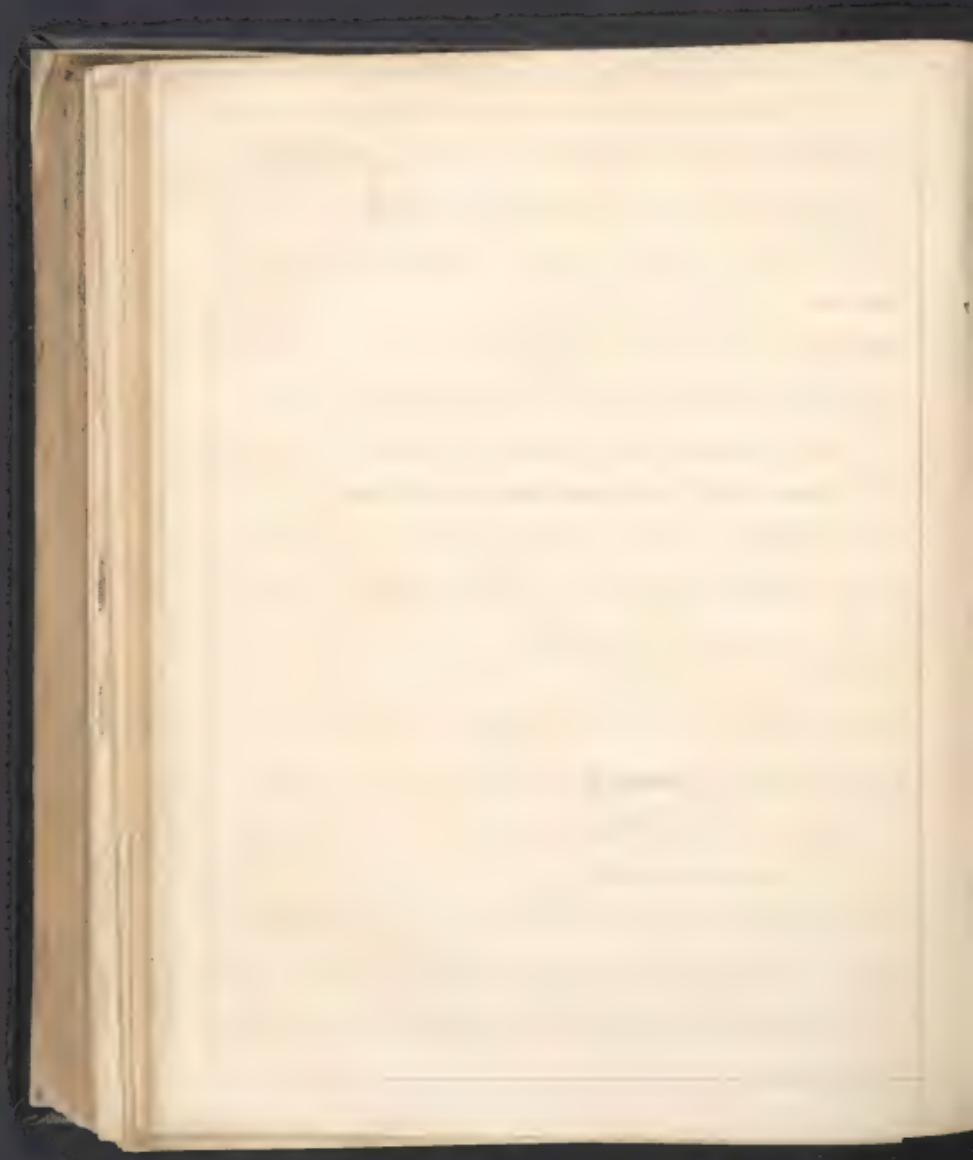
Where the disease has been the offspring of obstinate constipation, which yet continues, some practitioners feel themselves warranted in administering purgatives, active in quality according to the difficulty of removing the obstruction. Thus have been recommended, in this condition of the disease, calomel, rhubarb, compound extract of colocynth and the like.

There are strong doubts, however, in relation to the propriety of using these articles, especially the latter, since we are all aware of the occasionally harsh nature of all the preparations of colocynth. It would be better to rely mostly on mild



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purgatives, such as castor oil, sulphate of magnesia and similar articles.

Soothing, anodyne, and demulcent medicines are preferred by some practitioners. If unfortunately the stomach should become irritable and inclined to the extent of rejecting its contents, the various anti-emetic articles which have been recommended to relieve this symptom, may be used, such as the following, draughts small quantities of heliac tincture, oil of peppermint and compound shrub of lavender in combination; lime water and milk, and such like articles, are to be gently tried, again and again, until the stomach shall be enabled to retain cathartic articles. Knowing as we do the utter impracticability of curing a patient,



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when as the bowels are constipated.
I would beg leave to suggest the propriety of the practice often heretofore recommended, of giving doses of opium in combination with calomel, taking care to follow them up by some of the above named articles per os and per anum, the former to be preferred. This combination of calomel and opium, would seem to furnish relief by its soothing antispasmodic power.
Occasionally, relief is obtained by the coldest and most refrigerant enemata, such as three ounces of the sulphate of soda dissolved in a pint of the coldest water, and repeated if found necessary. After the bowels are thoroughly evacuated it will be proper to keep up a gentle diaphoresis, and when the leading and



prominent features of the case shall have yielded, we may put our patient upon a light farinaceous diet, such as rice water, tapioca, sago, and arrow root, thus to recruit his strength by an easily digested diet.

We should now guard against any accumulations of feces, exposure to cold, or any thing else likely to occasion a relapse. It would finally become necessary at the period of convalescence to apply the flannel roller, now much applauded in the treatment of abdominal irritation.

Without the advantage of experience, and unaccustomed to writing on professional subjects, I have thus collected together, and embodied in the form of an essay, some of the ideas that I have

gleaned from an attendance on lectures
together with some of the results of
my reading.

